UNITED STATES DISTRICT COURT

Northern District of Mississippi Oxford Division

Oxfo	ord Divisi	on
GEORGE WELCH)	
Plaintiff)	Civil Action No. 3:20-CV-00122-NBB-JMV
v.)	
CITY OF HERNANDO, MISSISSIPPI, ET AL	_)	
Defendants)	
SUBPOENA TO PRODUCE DOCUMENTS, INFORMATION, OR OBJECTS OR TO PERMIT INSPECTION OF PREMISES IN A CIVIL ACTION		
To: Dr. Lloyd Robinson, OccuMed, ATTN: Medical Records Custodian, 1785 Nonconnah Boulevard, Suite 120, Memphis, Tennessee 38132		
☑ <i>Production:</i> YOU ARE COMMANDED to produce at the time, date, and place set forth below the following documents, electronically stored information, or objects, and permit their inspection, copying, testing, or sampling of the material:		
See Exhibit "A" attached hereto.		
Place: Phelps Dunbar Law Firm, Attention: Debra Hardwick, P.O. Box 16114, Jackson MS 39236		Date and Time: 02/25/2021 9:00 a.m.
☐ Inspection of Premises: YOU ARE COMMANDED to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.		
ace: Date and Time:		
The provisions of Fed. R. Civ. P. 45(c), relating to your protection as a person subject to a subpoena, and Rule 45 (d) and (e), relating to your duty to respond to this subpoena and the potential consequences of not doing so, are attached.		
Date: 2/9/21		
CLERK OF COURT		OR Mallow K. Reand
Signature of clerk or Deputy Cler	rk	Attorner Signature
The name, address, e-mail, and telephone number of the attorney representing (name of party)		
Defendants, City of Hernando, Mississippi, et al.		, who issues or requests this subpoena, are:
Mallory K. Bland; MB #105665; Phelps Dunbar, LLP, 4270 I-55 North; Jackson, MS 39211-6391; 601-352-2300; Mallory.Bland@phelps.com		

EXHIBIT "A"

SUBPOENA DUCES TECUM EXHIBIT "A"

Any and all protected and sensitive health information, including certified copies of all medical records, including x-rays, prescription records, and any other diagnostic studies, and any results of such studies, relating to any examinations, treatments and/or any other services provided to me by any hospital (both in–patient and out-patient), clinics, physicians, and/or any other health care providers, and all medical/doctor bills for services, including receipts for payment for services rendered; and to obtain at their expense, photostatic copies of such records as they may desire